

## ***National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination***

This document proposes new targets for the prevention of health care-associated infections (HAIs) as identified in the National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination (HAI Action Plan). The document identifies the HAI measures which are recommended for continued monitoring and target setting. The proposed targets were established by a cross-federal steering committee representing experts in the prevention of HAIs. However, their deliberations were informed by discussions among national stakeholders at a conference convened by the Department of Health & Human Services (HHS) in September of 2013. A summary of the conference is available at the link below.

Summary of [Road Map to Eliminate HAI: 2013 Action Plan Conference](#)

The measures in the current HAI Action Plan expired December 2013. The results of national efforts to achieve these targets will be available in Summer 2014. For this reason, HHS has elected to propose new HAI targets for December 2020 using data from January 2015 as the baseline. Outlined below are the proposed 2020 targets for the infections identified in the HAI Action Plan along with the original baseline data and progress to date in achieving these goals.

### **HAI Action Plan measures:**

1. Reduce **central line-associated bloodstream infections (CLABSI)** in intensive care units and ward-located patients

Data Source: CDC's National Healthcare Safety Network (NHSN)

Baseline: 1.0 SIR (2006-2008)

2013 Target: 50% reduction or 0.50 SIR

2012 Progress: 44% reduction or 0.56 SIR

**PROPOSED 2020 TARGET:**  
**50% reduction from 2015 baseline\***

\*Infections from Mucosal Barrier Injury (MBI) will be excluded from the calculation

2. Reduce **catheter-associated urinary tracts infections (CAUTI)** in intensive care units and ward-located patients

Data Source: CDC's National Healthcare Safety Network (NHSN)

Baseline: 1.0 SIR (2009)

2013 Target: 25% reduction or 0.75 SIR

2012 Progress: 2% increase or 1.02 SIR

**PROPOSED 2020 Target:**

**25% reduction from 2015 baseline\***

\*The target will reflect aggregate data, but interim assessments of the rate will also be stratified by ICUs and non-ICUs in order to better understand the areas needed for improvement.

3. Reduce the incidence of **invasive** health care-associated **methicillin-resistant *Staphylococcus aureus* (MRSA)** infections

Data Source: CDC's Emerging Infections Program Network (EIP) Active Bacterial Core Surveillance (ABCs)

Baseline: 27.08 infections per 100,000 persons (2007-2008)

2013 Target: 50% reduction or 13.5 infections per 100,000 persons

2012 Progress: 31% overall reduction or 18.6 infections per 100,000 persons

**PROPOSED 2020 TARGET:**

**75% reduction from 2007-2008 baseline\***

\*Healthy People 2020 goal

4. Reduce **facility-onset methicillin-resistant *Staphylococcus aureus* (MRSA)** in facility-wide health care

Data Source: CDC's National Healthcare Safety Network (NHSN)

Baseline: 1.0 SIR (2010-2011)

2013 Target: 25% reduction or 0.75 SIR

2013 Progress: 3% reduction or 0.97 SIR

**PROPOSED 2020 TARGET:**

**50% reduction from 2015 baseline**

5. Reduce facility-onset ***Clostridium difficile* infections** in facility-wide health care

Data Source: CDC's National Healthcare Safety Network (NHSN)

Baseline: 1.0 SIR (2010-2011)

2013 Target: 30% reduction or 0.70 SIR

2012 Progress: 2% reduction or 0.98 SIR

**PROPOSED 2020 TARGET:**  
**30% reduction from 2015 baseline**

6. Reduce the rate of ***Clostridium difficile* hospitalizations**

Data Source: AHRQ's Healthcare Cost and Utilization Project

Baseline: 11.6 hospitalizations with *C. difficile* per 1,000 discharges (2008)

2013 Target: 30% reduction

2012 (Projected) Progress: 13.6 hospitalizations per 1,000 discharges

**PROPOSED 2020 TARGET:**  
**30% reduction from 2015 baseline**

7. Reduce **Surgical Site Infection (SSI)** admission and readmission

Data Source: CDC's National Healthcare Safety Network (NHSN)

Baseline: 1.0 SIR (2006-2008)

2013 Target: 25% reduction or 0.75 SIR

2012 Progress: 20% reduction or 0.80 SIR

**PROPOSED 2020 TARGET:**  
**30% from 2015 baseline**

8. **Surgical Care Improvement Project (SCIP)** Measures: Adherence to process measures to prevent Surgical Site Infection (SSI)

- SCIP Infection Measure 1: Antibiotics within 1 hour before incision or within 2 hours if vancomycin or quinolone is used;
- SCIP Infection Measure 2: Received prophylactic antibiotics consistent with recommendations;
- SCIP Infection Measure 3: Prophylactic antibiotics discontinued within 24 hours of surgery end time or 48 hours for cardiac surgery;
- SCIP Infection Measure 4: Controlled 6 am postoperative serum glucose for cardiac surgery patients;
- SCIP Infection Measure 6: Appropriate hair removal for surgery patients.

Data Source: CMS's Hospital Compare

Baseline: 2006, 2007, 2008\*

- SCIP Inf 1 – 83%, 87%, 91%
- SCIP Inf 2 – n/a, 92%, 95%
- SCIP Inf 3 – 74%, 80%, 87%
- SCIP Inf 4 – n/a, n/a, 89%
- SCIP Inf 6 – n/a, n/a, 97%

\*SCIP Inf 4 and Inf 6 were not required for reporting until Q1 2008. The baseline data is based on approximately 3,650 hospitals reporting each quarter since mid-2006.

2013 Target: 95% Adherence

2012 Progress:

- SCIP Inf 1 – 98%
- SCIP Inf 2 – 99%
- SCIP Inf 3 – 97%
- SCIP Inf 4 – 96%
- SCIP Inf 6 – suspended January 2012

**PROPOSED 2020 TARGET:**

**Suspend from HAI Action Plan** as these processes are now widely accepted as standards of practice.